

# NEW STUDENT REGISTRATION CHECKLIST

Please ensure the following documents are attached/submitted with the completed registration packet. Incomplete packets will not be accepted. Please call or email the office if you are in need of assistance.

- \_\_\_ Completed registration by parent/guardian and scholar.
- \_\_\_ Copy of updated Immunization Record/Exemption.
- \_\_\_ Copy of Birth Certificate.
- \_\_\_ Copy of last IEP, 504, or MLSS(SAT), *if applicable*.

Please email all completed forms to  
mainoffice@riogallinasschool.org or drop off at

Rio Gallinas School  
2730 Romero Street  
Las Vegas, NM 87701

# **New Student Registration**

**Rio Gallinas School for Ecology and the Arts**  
**2730 Romero Street, Las Vegas, NM 87701**

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_

Ethnicity:  Hispanic/Latino  Not Hispanic/Not Latino

Race:  Asian  Black/African American  American Indian/Alaskan Native  
 Caucasian/White  Native Hawaiian/Other Pacific Islander

Military Family Code:  Active  Reserve  National Guard  N/A

Grade (Fall 2026) \_\_\_\_\_ Previous School: \_\_\_\_\_

Do you live in the WLV District? YES / NO

If so, will you ride a bus to and from school? YES / NO

If yes, please list address pick-up and drop-off: \_\_\_\_\_

## **CONTACTS: (Ex. Mother/Father/Guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Lives With Student**  **Has Custody**  **Responsible Party**

**CONTACTS: (Ex. Mother/Father/Guardian**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Lives With Student**     **Has Custody**     **Responsible Party**

**Person(s) to call in case of emergency:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of other adults in home and relationship to child:

\_\_\_\_\_  
\_\_\_\_\_

Name and ages of other children in the home:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: Please document any new changes or services student is now receiving after previous school year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe any particular condition or personality issue that may be important for us to know about: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Parent/Guardian

***\*\*\*Please submit a copy of recent IEP, SAT, or 504 if applicable\*\*\****

Does your scholar have any identified learning problems? YES / NO

Has your scholar been tested by a school psychologist? YES / NO

Has your scholar had any testing by a school counselor? YES / NO

Has your scholar been tested for or recommended for Special Education Placement? YES / NO

Is your scholar currently receiving Special Education services? YES / NO

Is your scholar currently on a 504 or SAT plan? YES / NO

Has your scholar been seen by a speech therapist? YES / NO

Has your scholar ever been referred for a hearing test? YES / NO

Does your scholar wear glasses? YES / NO

Do you think your scholar should have his/her eyes checked? YES / NO

Does your scholar have a physical disability? YES / NO

Has your scholar ever participated in the gifted program? YES / NO

Has your scholar ever been involved with the law? YES / NO

Has your scholar been on or been referred to a behavioral plan of any kind or been suspended in the last school year? YES / NO

Please describe any particular condition or personality issue that might be important for us to know about:

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# AUTHORIZATION FORM

Student Name \_\_\_\_\_

\*ONLY THESE PERSONS ARE AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL

**NAME**

**RELATIONSHIP**

**PHONE**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Parent/Guardian Home or Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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# Emergency Release Form

Name of Student: \_\_\_\_\_

If the above named student becomes seriously ill or injured at Rio Gallinas School and/or a school field trip and the family cannot be reached immediately for provision of instruction, I hereby authorize school personnel to call and/or arrange for transportation of the student to our family physician:

Physician Dr.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If the above physician or dentist is not available, it is understood that the school will call a different doctor and/or will send the student to the nearest facility for emergency care.

It is understood further that I will pay for emergency transportation and for subsequent emergency care, unless the costs are otherwise covered by insurance.

Note: Parents are responsible for contacting the school if any of the information on this paper changes.

Date \_\_\_\_\_

Signed: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Emergency Numbers:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Pupil Health History Form

**\*\*\*Please attach a copy of your child's immunization record or immunization exemption form. The Public Education Department requires verification of either one of these forms\*\*\***

Name of Student: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Date of student's last medical exam: \_\_\_\_\_

Date of student's last dental exam: \_\_\_\_\_

Does your child have specific food allergies? If so, to what?

\_\_\_\_\_

Does your child have specific eating needs? Vegan, vegetarian, etc.

\_\_\_\_\_

Is your child on a Medical 504 plan? YES / NO

Does your child have a Health Plan as part of an IEP? YES / NO

Is your child in good health? YES / NO

If yes, please explain: \_\_\_\_\_

Does your child have any of the following:

HIV/AIDS: YES / NO

Heart Disease: YES / NO

Heart Murmur: YES / NO

Endocarditis: YES / NO

High Blood Pressure: YES / NO

Diabetes: YES / NO

Anemia: YES / NO

Latex allergy: YES / NO

Dialysis: YES / NO

Shunt: YES / NO

Hepatitis: YES / NO

Arthritis: YES / NO

Hemophilia: YES / NO

Epilepsy/Seizures: YES / NO

Asthma: YES / NO

Does your child take medicine(s) now?

If yes, what medicines? \_\_\_\_\_

Allergies to Medication(s)

If yes, what medication(s)? \_\_\_\_\_

Is your child subject to:

Nervous Disorder: YES / NO

Headaches: YES / NO

Dizziness: YES / NO

Fainting: YES / NO

Does your child smoke or use tobacco products? YES / NO

**Parent/Guardian**

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

# FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of your scholar's education record. This protection includes but is not limited to the right to refuse:

1. Scholar work to be displayed in the classroom or the school building
2. Scholar's name/picture to be placed on the honor roll or other media listings in the local newspaper, school newsletter, school message board, social media or district website.
3. Scholar's Photo/Video from school sponsored events to be placed in newsletters, social media or school website.

FERPA allows for the parent's inspection of scholar records and the correction of those records if the parent believes that they are misleading or incorrect. Please indicate your decision regarding whether you want your scholar's work displayed in the school building or classroom, newspaper for honors and awards received, or school newsletter.

*Please circle one option and sign below:*

I, \_\_\_\_\_, **GIVE / DO NOT** permission for my scholar's work to be displayed in the classroom or school building. Furthermore, I give permission for my scholar's name/photo to be published in the newspaper or any other media during the 2026/2027 school year.

**Student Name:** \_\_\_\_\_

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Photo Release Form

Rio Gallinas School would like to include photos of scholars, teachers and school activities on its website, in brochures, advertisements, books and newspaper articles. First and last names will be used in newspaper articles. Most other places, only the first name will be used. We will not publish phone numbers, birth dates or addresses of any children. Most children enjoy having their photo displayed, and we respect your decision fully.

*Please circle one option and sign below:*

I hereby **GIVE / DO NOT GIVE** permission for my scholar to be photographed for newspaper articles, school website, social media and other forms of communication.

**Student Name:** \_\_\_\_\_

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Family Agreements

Parents/Guardians:

- I will attend the beginning of school orientation for parents/guardians.
- I will volunteer in my scholars' classroom or other areas of the school.
- I will attend two or more monthly parent/guardian meetings throughout the year.
- I will attend two Student Led Conferences/Open Houses.
- I will attend the Celebration of Learning events for the expedition studies because I want to recognize my scholar and the hard work they showcase.
- I will be responsible for getting my scholar to school on time and picking them up after school on time.
- I will be responsible for supporting my scholar and the Rio Gallinas staff with any behavior challenges that may arise throughout the year. Support may include parent phone calls, parent conferences, attending school with your scholar, and/or elimination from school activities, if the need arises.
- I will be responsible for my scholar attending school regularly. Regular attendance is essential to a student's success in school. Persistent absenteeism creates a genuine hardship for a student academically and socially and is regarded as a very serious problem. Because we are an Expeditionary Learning School, it is difficult to make up assignments that are missed during the day. Each day, there are important discussions and teachings that will cause your scholar to fall behind, if missed. We understand family trips are important but please schedule them during breaks.
- I will be responsible for my child attending field work days. Field work days are essential to our educational approach learning.
- I will be responsible for my scholar attending physical education days. A physical education day (skiing, swimming, dancing, etc.) are essential components of our school and are a requirement of the state.

I agree that the above statements are important for the success of my scholar at Rio Gallinas School. I will follow the agreements.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

## **BLANKET PERMISSION FORM**

I hereby give permission for my scholar, \_\_\_\_\_ to participate in the following Rio Gallinas School activities. It is understood that any scholar determined to be in violation of Rio Gallinas School behavior standards will be sent home.

**Date: 2026/2027 school year for any school related field trips and educational activities.**

**Where: As an expeditionary learning school, scholars are out in the community and off campus often. These trips may occur daily and at various times throughout the school year.**

**Contact Person: Rio Gallinas School Director**

I, the undersigned hereby release and discharge the above listed entities, the West Las Vegas School District, and Rio Gallinas School officers, employees, agents, and servants for all liability arising out of or in connection with the above described activity. For the purposes of this, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that all my heirs, executors, administrators, or assignees may have against Rio Gallinas School, West Las Vegas District, the above listed entities and/or school director and staff.

In the event of injury or illness, I hereby give consent to whatever x-rays, examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care from a licensed physician and /or surgeon as deemed necessary for the safety and welfare of my scholar. It is understood that the resulting expenses will be the responsibility of the parents/guardians/participant.

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

## Student Agreements


*Please read the agreements carefully with your scholar. We want your scholars to understand what is expected. Please explain the meaning of the agreement to the younger children.*

- I will not use my cell phone or personal electronic devices during school hours, unless I get explicit permission from the teacher.
- I understand my phone and/or electronic devices will be taken away and a parent will need to pick it up from the office after school. The school is not responsible for lost, stolen, or damaged personal objects.
- I will attend all fieldwork and camping trip days. (Parents/Guardians are invited to participate in all activities.)
- I will prepare for two Student-led Conferences and attend with my parents/guardians.
- I will attend all Celebration of Learning events.
- I will attend all end of school presentations, performances, and/or events, including fieldwork.
- I will be prompt and will arrive at school on time. School begins at 7:55am and ends at 3:00pm. Breakfast is served from 7:30am — 7:50am.
- I will take learning seriously, therefore I will do my best and participate fully and come to class prepared and take responsibility for my learning.
- I will take responsibility for my homework and other school work.
- I will take responsibility for telling a staff member if I am hurt, bullied, teased and/or have concerns being harmed emotionally or physically.
- I will take responsibility for the school environment, equipment, and supplies.
- I will have a positive relationship with my peers, teachers, and myself.
- I will demonstrate kindness through my actions and words.
- I will have a positive mental attitude.

I agree that the above statements are important for my success at Rio Gallinas School and I will follow the agreements listed.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR DISTRICT USE ONLY	District:	School:
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	<b>NEW MEXICO PUBLIC EDUCATION DEPARTMENT</b> <b>LANGUAGE USAGE SURVEY</b> ~for parent or guardian to complete~
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The purpose of this survey is to ensure that your child receives the highest quality education and services to which he or she is entitled. The information you provide will be used only to assist the school in making program decisions. You will complete this form only once in your child's educational career.

Student's Name:	Date of Birth:	Grade Level:
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Answer each question by marking either the <b>YES</b> or <b>NO</b> box.	YES	NO
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1. Does the student use a language(s) other than English with his/her family and friends?		
2. Do you use a language(s) other than English with the student?		
3. Does the student understand when someone communicates with him/her in a language other than English?		
4. Does the student read in a language(s) other than English?		
5. Does the student write in a language(s) other than English?		
6. Does the student interpret for you or anyone else in a language(s) other than English?		

7. If you answered YES on one or more of questions 1-6, what language(s) other than English does the student use most frequently at home? Choose up to three.

<input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Diné <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hmong <input type="checkbox"/> Jicarilla Apache <input type="checkbox"/> Italian	<input type="checkbox"/> Keres <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish	<input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Vietnamese <input type="checkbox"/> Zuni <input type="checkbox"/> Other _____
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**OTHER QUESTIONS**

8. Is the student transferring from another state, district, or school?  
 If yes, please provide location and name of school:

9. Has the student received schooling/education in a language(s) other than English? If YES, which language(s)?

10. In what language do you prefer to receive communication from the school?


11. In what language would you prefer to communicate with school staff?

12. Is there anything else we should know about how to best serve your child?

Signature of Parent or Guardian:	Date:
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Translator:	Language:	Date:
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Sólo para uso del distrito:	District:	School:																
 <b>ENCUESTA DEL USO DEL IDIOMA</b> <b>DEPARTAMENTO DE EDUCACIÓN PÚBLICA DE NUEVO MÉXICO</b> ~ padres o tutores deben llenar~																		
El propósito de esta encuesta es asegurar que su hijo/hija reciba una educación de la más alta calidad y los servicios que tiene el derecho de recibir. La información que usted proporcione será utilizada solamente para ayudar a la escuela a tomar decisiones programáticas. Responderá a este formulario solamente una vez en la trayectoria de educación de su hijo/hija.																		
Nombre del estudiante:	Fecha de nacimiento:	Nivel/Grado:																
Responda a cada pregunta marcando la casilla bajo <b>SÍ</b> o <b>NO</b>		<table border="1"> <thead> <tr> <th>SÍ</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	SÍ	NO														
SÍ	NO																	
1. ¿Usa el/a estudiante otro idioma(s) además del inglés con su familia o sus amigos?																		
2. ¿Usa usted otro idioma(s) además del inglés con el estudiante?																		
3. ¿Comprende el estudiante cuando alguien se comunica con él o ella en un idioma además del inglés?																		
4. ¿Lee el/a estudiante en otro idioma(s) además del inglés?																		
5. ¿Escribe el estudiante en otro idioma(s) además del inglés?																		
6. ¿Le interpreta o traduce el estudiante a usted o a alguna otra persona en otro idioma(s) además del inglés?																		
7. ¿Si respondió <b>SÍ</b> a una o más de las preguntas 1-6, ¿cuál(es) idiomas además del inglés usa el estudiante con más frecuencia en casa? Escoja hasta tres:																		
<input type="checkbox"/> Árabe <input type="checkbox"/> cantonés <input type="checkbox"/> diné <input type="checkbox"/> español <input type="checkbox"/> francés <input type="checkbox"/> griego <input type="checkbox"/> hmong <input type="checkbox"/> italiano <input type="checkbox"/> jemer	<input type="checkbox"/> jicarilla apache <input type="checkbox"/> keres <input type="checkbox"/> coreano <input type="checkbox"/> lengua de señas americana (ASL) <input type="checkbox"/> mandarín <input type="checkbox"/> mescalero apache <input type="checkbox"/> portugués <input type="checkbox"/> ruso <input type="checkbox"/> somali	<input type="checkbox"/> tewa <input type="checkbox"/> tiwa <input type="checkbox"/> towa <input type="checkbox"/> vietnamés <input type="checkbox"/> zuni <input type="checkbox"/> Otros _____																
<b>OTRAS PREGUNTAS</b>																		
8. ¿Se traslada el estudiante de otro estado, distrito o escuela? Si este es su caso, favor de proveer la ubicación y el nombre de la escuela:																		
9. ¿Ha recibido el estudiante instrucción escolar en otro(s) idioma(s) además del inglés? ¿Si la respuesta es sí, cuál idioma(s)?																		
10. ¿En cuál idioma prefiere recibir información de la escuela?																		
11. ¿En cuál idioma prefiere comunicarse con los empleados de la escuela?																		
12. ¿Hay algo más que deberíamos saber para servir mejor a su hija/hijo?																		
Firma del padre o tutor:		Fecha:																
Traductor/intérprete:	Idioma:	Fecha:																

FOR DISTRICT USE ONLY	District:	School:
 <p style="text-align: center;">New Mexico Public Education Department Language Usage Survey Navajo Translation ~for parent or guardian to complete~</p>		
(Student Name) Ółta'í Bízhi' :		(Date of Birth) Bi'dizhchí góne':
(Grade Level) Ółta'í Yólta'í góne':		
(Answer each question by marking either the yes or no box.) Na'idíkid yíníłta'. Bínanídíkidígíí bik'ehgo <u>Aoo' biyaa</u> ałná'ít'ish doodai' <u>Nidaga' biyaa</u> ałná'it'ish.	(Yes) Aoo'	(No) Dooda
1.) Ółta'í bilagáana bizaad t'éiyá choyool'í doodai' nááná ła' dine'é bizaad daats'í bik'éi dóo bik'is ałch'í' yee yádaalti'?		
2.) Ółta'í bilagáana bizaad dóo nááná ła' dine'é bizaad chool'í?		
3.) Ółta'íish nááná ła' dine'é bizaad bee bich'í' yáníłti'go yik'i'diitłih?		
4.) Ółta'íish bilagáana bizaad dóo nááná ła' dine'é bizaad yólta' yééhósin?		
5.) Ółta'íish bilagáana bizaad dóo nááná ła' dine'é bizaad yee 'ak'e'ełchí yééhósin?		
6.) Ółta'íish bilagáana bizaad dóo nááná ła' dine'é bizaad yee ná áta' halne'?		
<p>7.) Na'idíkid T'áá ła'í dóo hastáahjí' Aoo' ałná'iizohgo, díí na'idíkid ła' ółta'í hooghandi háidígíí nááná ła' dine'é bizaad kwe'é daasdzhígíí áłahjí' yee yáłti'. T'áa'go bíghahdi ałná'iizoh.</p>		
<input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hmong <input type="checkbox"/> Jicarilla Apache <input type="checkbox"/> Italian	<input type="checkbox"/> Keres <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Somali	<input type="checkbox"/> Spanish <input type="checkbox"/> Tiwa <input type="checkbox"/> Tewa <input type="checkbox"/> Towa <input type="checkbox"/> Vietnamese <input type="checkbox"/> Zuni <input type="checkbox"/> Other _____
8.) Ółta'íish nááná ła' kéyah hahoodzohdée' da'ólta'dée' atah níyá? Háádée' atah níyá? Ółta' bízhi'		
9.) Ółta'íish ółta'di bilagáana bizaad dóo nááná ła' dine'é bizaad yee íhool'áá'? Akódzaago, éi haadóone'é bizaad yee 'íhool'aah nít'ée'?		

10. Ólta'déé' dahane'ígíí lá Dinék'ehjí doodai' bilagáana k'ehjí bee hane' nich'í' álníigo nínízin?	
11. Ólta'di nidaalnishígíí Dinék'ehjí doodai' bilagáana k'ehjí bił hayił dahólne'go nínízin?	
12. ) Haash yit'éego ałdó' ólta'í yá'át'éehgo bíká'a'doowoł ólta'di?	
(Signature of Parent or Guardian) Amá, Azhé'é, Aniséhé bízhi':	
(Date) Yoolkáál:	
(Translator) Ata' halne'ígíí bízhi':	(Date) Yoolkáál:
(Language) Saad bee ata' hóone'ígíí:	